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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. First Inventor		Aqua Lung.1466		
		Michael Krawczyk		
Title	Second Sta	ge Swivel Regulator		

(Only for new nonprovisional applications under 37 CFR 1.53(b)

Fxpress Mail Label No. EV349853775US

Conty for new nonprovision	nal applications under 37 CFR 1.53(b))	TEXPLESS Mall Label No. L V 17 10011100						
APPLICA	TION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application						
See MPEP chapter 600 cond	cerning utility patent application contents							
1. Fee Transmittal Fe	orm (e.g., PTO/SB/17) duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or						
Applicant claims s		Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission						
See 37 CFR 1.27.		(if applicable, all necessary)						
3. Specification (preferred errangement)		a. Computer Readable Form (CRF)						
- Descriptive title	of the invention e to Related Applications	b. Specification Sequence Listing on:						
- Statement Rega	arding Fed sponsored R & D	i. CD-ROM or CD-R (2 copies); or						
	quence listing, a table, rogram listing appendix	i i. 🔲 paper						
- Background of	the Invention	c. Statements verifying identity of above copies						
- Brief Summary - Brief Description	of the Invention n of the Drawings (<i>if filed</i>)	ACCOMPANYING APPLICATION PARTS						
- Detailed Descri		Assignment Papers (cover sheet & document(s))						
- Claim(s) - Abstract of the	Disclosure	37 CFR 3.73(b) Statement Power of						
	[5]	(when there is an assignee) Attorney 11. English Translation Document (if applicable)						
4. Drawing(s) (35 U	.5.6. 776) [15.6.7 5.765.5	Information Disclosure Copies of IDS						
5. Oath or Declaration	[Total Pages 2	Statement (IDS)/P10-1449 — Citations						
a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) Return Receipt Postcard (MPEP 503)								
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
	ION OF INVENTOR(S) Itement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
named in t	the prior application, see 37 CFR and 1.33(b).	16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35						
	una (195(9))	or its equivalent.						
6 Application Data	Sheet. See 37 CFR 1.76	17. Other:						
		pply the requisite information below and in a preliminary amendment,						
or in an Application Data She	eet under 37 CFR 1.76: Divisional Continuation-in-part (CII	D. A selection and Resident Man.						
Continuation Prior application information:		of prior application No.:/						
For CONTINUATION OR DIVIS	Examiner:ONAL APPS only: The entire disclosure of	the prior application, from which an oath or declaration is supplied under						
Box 5b, is considered a part o	f the disclosure of the accompanying conf	inuation or divisional application and is hereby incorporated by reference.						
THE INCORPORATION CAN CHILD DE		DENCE ADDRESS						
Customer Number or Bar Code Label (Insert Customer No. or, Altisch ber code label here) or Correspondence address below								
Name	Hani Z. Sayed							
	Murphey & Murphey, A.P.C.							
Address	701 Palomar Airport Road, Suite 2	260						
City	Carlsbad	State CA						
Country	 	elephone 760-431-0091 Fax 760-431-9441						
Name (Print/Type)	Hani Z. Sayed	Registration No. (Attorney/Agent) 52,544						
	Trail 2. Oayou	1 2 2 2						
Signature	Nac	Date 1-20-05						

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PTO/SB/17 (01-03)
Approved for use through 04/30/2003. OMB 0651-0032
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FEE TRANSMITTA	Compi t if Kn Wn						
	Application Number						
for FY 2003	Filing Date	_					
Effective 01/01/2003. Patent fees are subject to annual revision	First Named Inventor Michael Krawczyk						
	Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27	Art Unit						
TOTAL AMOUNT OF PAYMENT (\$) 402.00	Attorney Docket No. Aqua Lung.1466						
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)						
Check Credit card Money Other None	3. ADDITIONAL FEES						
Deposit Account:	Large Entity Small Entity	- [
Deposit	Fee Fee Fee Fee Fee Description Code (\$) Fee Paid	_					
Account Number	1051 130 2051 65 Surcharge - late filing fee or oath][
Deposit Account	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet][
Name	1053 130 1053 130 Non-English specification	11					
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination	41					
Charge any additional fee(s) during the pendency of this application	1804 920* 1804 920* Requesting publication of SIR prior to	\prod					
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action]					
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month						
1. BASIC FILING FEE	1252 410 2252 205 Extension for reply within second month	Ы∤					
Large Entity Small Entity	1253 930 2253 465 Extension for reply within third month	41					
Fee Fee Fee Fee Description Fee Pald	1254 1,450 2254 725 Extension for reply within fourth month]]					
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255 1,970 2255 985 Extension for reply within fifth month	41					
1001 750 2001 375 Othlity hints fee 375	1401 320 2401 160 Notice of Appeal	IL					
1003 520 2003 260 Plant filing fee	1402 320 2402 160 Filing a brief in support of an appeal	∖ե					
1004 750 2004 375 Reissue filing fee	1403 280 2403 140 Request for oral hearing	┨┃					
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding	11					
SUBTOTAL (1) (\$) 375.00	1452 110 2452 55 Petition to revive - unavoidable	41					
	1453 1,300 2453 650 Petition to revive - unintentional	IJ.					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,300 2501 650 Utility issue fee (or reissue)	IJ.					
Extra Claims below Fee Paid	1502 470 2502 235 Design issue fee	41					
	1503 630 2503 315 Plant issue fee	41					
Independent 3 - 3** = 0 x 42 = 0 Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner	41					
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	41					
Large Entity Small Entity	1806 180 1806 180 Submission of Information Disclosure Stmt	41					
Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)]]					
1202	1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a))][
1203 280 2203 140 Multiple dependent claim, if not paid	1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b))						
1204 84 2204 42 ** Reissue independent claims over original patent	1801 750 2801 375 Request for Continued Examination (RCE)						
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application][
SUBTOTAL (2) (\$) 27.00	Other fee (specify)	<u>ا</u> اـٰ					
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00	Щ					
SUBMITTED BY (Complete (if applicable)							
Name (Print/Type) Hani Z. Sayed	Registration No. (Attorney/Agent) 52,544 Telephone 760-431-0091						
Signature	Date 7-28-03						
- one pro-		_					

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875				Application or Docket Number Aqua Lung. 1466				
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTIT				ENTITY	OTHER THAN OR SMALL ENTITY			
FOR	NUMBER FILED	NUMBE	IBER EXTRA RAT		FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					s <u>375</u>	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c)) 23 minus 20 :		-	3	x <u>\$ 9</u> =	27	OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b)) 3 mir		= •	0	× \$ <u>42</u> =	0	OR	x \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+\$=		OR	+\$=	
* If the difference in colun	nn 1 is less than zero, ent	er "0" in column :	2.	TOTAL	375	OR	TOTAL	
CLAII	MS AS AMENDED -	- PART II					•	
(0	Column 1)	(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	
片	CLAIMS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	į	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	Minus	**	=	x \$=		OR	x \$=	
Independent (37 CFR 1.16(b))	Minus	***	=	x \$=		OR	x \$=	
FIRST PRESENTATION	ON OF MULTIPLE DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+s =		OR	+s =	
	······································			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
i ,,	Column 1)	(Column 2)	(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CLAIMS EEMAINING	HIGHEST NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-
L A	AFTER MENDMENT	PREVIOUSLY PAID FOR	EXTRA		TIONAL FEE			TIONAL FEE
Total (37 CFR 1.16(c))	Minus	**	=	x \$=		OR	x \$=	
Independent (37 CFR 1.18(b))	Minus	***	=	x \$=	_	OR	x \$=	
FIRST PRESENTATION	ON OF MULTIPLE DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+\$=		OR	+ \$=	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1)	(Column 2)	(Column 3)					
l ⊢l	CLAIMS REMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(c))	Minus	**	=	x \$=		OR	x \$=	
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) V	Minus	***	=	x \$=		OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+\$ =		OR	+ \$ =	
			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".								

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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